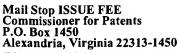
PART B - FEE(S) TRANSMITTAL







or <u>Fax</u>

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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Jessica R. House	(Depositor's name)
Oxoria R Huse	(Signature)
. 663/29/04	(Date)

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 10/037;311 11/09/2001 Natasha V. Raikhel MSU 4.1-633 4340 TITLE OF INVENTION: XYLOGLUCAN FUCOSYLTRANSFERASES **See Attached **See Attached			RADE	ABK	. 03/29/04	1	(Date)	
See Attached **See Attached **Small Entity Form \$665 APPLN.TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO 51330 S0 91330 05/17/2004 EXAMINER ART UNIT CLASS-SUBCLASS KUBELIK, ANNER 1638 800-284000 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). U Change of correspondence address (or Change of	APPLICATION NO.	FILING DATE	ï l	FIRST NAME	D INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
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KUBELIK, ANNE R 1638 800-284000 2. For printing on the patent front page, list (1) the name of a single firm (having as a member a registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent) and the names of up to 2 registered patent attorneys or agent). If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filling an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) BOARD OF Trustees of Michigan State University East Lansing, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); U individual U corporation or other private group entity U governments. 4b. Payment of Fee(s): 3 Lansing, Michigan 4b. Payment of the fee(s) is enclosed. 4c. Payment by credit card. Form PTO-2038 is attached.	nonprovisional	NO	-\$1330	_	\$0	-\$1330 - .	05/17/2004	
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names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agents of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) Board of Trustees of Michigan State University East Lansing, Michigan Please check the appropriate assignee category or categories (will not be printed on the patent); unidividual ucomporation or other private group entity ugovernment of the fee(s) is enclosed. 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. U Payment by credit card. Form PTO-2038 is attached.	KUBELIK	, ANNE R	1638		800-284000	_		
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